

# City of Germantown

# EMPLOYMENT APPLICATION



THE CITY OF GERMANTOWN IS AN EQUAL OPPORTUNITY DRUG FREE WORKPLACE EMPLOYER

**Overview of the hiring and employment process:** This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an **accommodation** in order to complete the application or any part of the hiring and employment process, please call the following number: **901-757-7274**. Prior to completing this Application be sure to read the **JOB DESCRIPTION** of the position for which you are applying.

As you complete the Application, please bear in mind the following: if an item does not apply to you, write N/A; we reserve the right to check all information for accuracy and completeness; all applications for employment are a matter of public record. Any misstatements or omissions of material fact herein may cause any offer of employment made by the City of Germantown to be withdrawn or employment with the City terminated. **Failure to fully complete this application in a legible manner may result in immediate rejection.**

This application will be considered active only until the position for which it has been submitted has been filled. Any applicant wishing to be considered for employment other than the position applied for should inquire as to when applications are being accepted and reapply.

## • GENERAL INFORMATION

Date of Application: \_\_\_\_\_ Position Desired: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Are you applying for: ☐ Full Time ☐ Part Time ☐ Seasonal

If Part Time, What Days/Hours Are You Available: \_\_\_\_\_

Have you Applied with the City Before? ☐ Yes ☐ No

Have you Been Employed by the City Before? ☐ Yes ☐ No If YES, please complete the following:

Length of Service: \_\_\_\_\_ Position Held: \_\_\_\_\_

Department: \_\_\_\_\_

## • PERSONAL INFORMATION

Your Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Driver's License Number: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Apt. Number

CITY

STATE

ZIP CODE

PERSONAL INFORMATION cont

Do you Have a Legal Right to work in the U.S.? ☐ Yes ☐ No

Are you Over the Age of 18? ☐ Yes ☐ No

Have you Ever Been Discharged, Terminated or Forced to Resign for Misconduct Or Unsatisfactory Service From Any Job?

☐ Yes ☐ No If Yes, Explain in Detail: \_\_\_\_\_

Are you related to any City Official or Employee? ☐ Yes ☐ No

If Yes, Please State Name, Department and Relationship: \_\_\_\_\_

Have you Ever Been Convicted of a Crime? Include Convictions Incurred While in Military Service. (NOTE: THIS MAY BE RELEVANT IF JOB RELATED, BUT DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT): ☐ Yes ☐ No If Yes, Please Describe the Conviction (s), Include Date, Charge, Disposition and Court: \_\_\_\_\_

Do you Possess A Valid Driver’s License? ☐ Yes ☐ No

For What State? \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_

Is The License you Possess A Valid Commercial Driver’s License (CDL)? ☐ Yes ☐ No

If Yes, Please List Class: \_\_\_\_\_ And Endorsements: \_\_\_\_\_

YOUR EDUCATION AND TRAINING

Circle Highest Grade Completed:

HIGH SCHOOL	COLLEGE	GRADUATE SCHOOL
9 10 11 12	1 2 3 4	1 2 3 4

SCHOOLS	NAME & ADDRESS OF SCHOOL	CHECK IF GRAD	DEGREE OBTAINED	S/Q HRS	MAJOR COURSE WORK
HIGH SCHOOL/GED					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
VOCATIONAL BUSINESS					
MILITARY SCHOOLS					
OTHER TRAINING					

## ● EXPERIENCE

### A RESUME OF YOUR EMPLOYMENT RECORD WILL NOT BE ACCEPTED IN PLACE OF THE REQUESTED EMPLOYMENT INFORMATION.

Starting with your current or last job, list your last three (3) employers since age 18. If your last three (3) employers do not cover a period of ten (10) years, list previous employers including self-employment, military service and volunteer work, to **account for ten (10) years of employment. Use an additional sheet, if necessary.** Account for all periods of unemployment, but if you were unemployed because of medical reasons, do not give any specific information – just state “medical.” A resume may be included as a supplement to the application.

PRESENT OR LAST EMPLOYER \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Hours / Week \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ May we Contact This Employer? ☐ Yes ☐ No

Brief description of Job Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

NEXT PREVIOUS EMPLOYER \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Hours / Week \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ May we Contact This Employer? ☐ Yes ☐ No

Brief description of Job Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

NEXT PREVIOUS EMPLOYER \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Hours / Week \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ May we Contact This Employer? ☐ Yes ☐ No

Brief description of Job Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

List any job related Special Qualifications and Skills (Licenses, Certifications, Skills With Machines, Etc.):

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List Computer Software programs and Number of Years Experience:

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● **REFERENCES**

Please List Three Responsible Persons (*Other Than Relatives or Former Employers*) Who Have Knowledge of Your Qualifications for Employment.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

● READ THE FOLLOWING STATEMENT BEFORE SIGNING YOUR APPLICATION:

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts herein may cause an offer of employment made by the City of Germantown to be withdrawn or my employment with the City of Germantown terminated. I further understand that all information provided herein is Public Record and is subject to review upon request.

I authorize the City of Germantown to conduct a thorough investigation of my references and past employment and to conduct background checks consisting of the following: credit, criminal and driver’s license, and any other job related certifications. I understand that if an offer of employment is made to me, I may be required to submit to a physical examination and a review of my medical history. Accordingly, I authorize those parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I respectfully request that former employers furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing information requested.

I do acknowledge and accept that under Tennessee Law any information, with the exception of medical, will become public record upon receipt by the City of Germantown. I hereby waive any rights or claims I may have whether presently fully developed or not, against the City of Germantown or its agents or employees, arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the City of Germantown handling, processing, investigation, etc. of my application for employment with the City of Germantown.

I understand that this investigation will be conducted prior to my being given a job offer or within 90 days of employment. If I am hired, I agree to conform to the rules and regulations of the City of Germantown set forth in the City of Germantown’s personnel policies & procedures and acknowledge that these rules and regulations may be changed by the City of Germantown at any time, at the City’s sole option and without any prior notice to me. I acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the City of Germantown. I agree to conform to the City’s drug-free workplace policy and agree to submit to drug tests as required by the City of Germantown.

APPLICANT’S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATIONS MUST BE SIGNED AND DATED.  
UNSIGNED APPLICATIONS WILL RESULT IN IMMEDIATE REJECTION.

**City of Germantown**  
Personnel Department  
1930 South Germantown Road  
Germantown, TN 38138



**NOTICE TO APPLICANTS**  
Screening tests for illegal drug use may be required as a condition of employment.

# CITY OF GERMANTOWN

1930 South Germantown Road, Germantown, TN 38138

Phone: (901) 757-7274 - Fax: (901) 751-7550

## PRE-EMPLOYMENT BACKGROUND INVESTIGATION CONSENT FORM

The undersigned, referred to as "Applicant", hereby authorizes the City of Germantown either directly or through its agent to investigate Applicant's background. This may include information as to character, financial responsibility, criminal and/or civil records. Records from public and private sources may be reviewed concerning criminal history, civil court cases, credit history and references. Applicant acknowledges that a fax or photographic copy shall be as valid as the original. Applicant further understands that a complete disclosure of the nature and scope of this investigation may be obtained by a written request received within ninety days.

This information below is required to obtain requested records and must be completed by all Applicants. The City of Germantown requests this information for the sole purpose of facilitating the investigation of Applicant. Certain information provided herein by Applicant will not be considered or used by the City of Germantown in determining whether Applicant will be accepted as an employee. This information is denoted below by an asterisk (\*). Please **PRINT CLEARLY** all information below.

Last Name	First	Middle
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Other Names Used

Current Address	City/State/Zip	How Long?
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Previous Address	City/ State/Zip	How Long?
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Date of Birth (required)*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
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Driver's License Number	Issuing State	Expiration
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I hereby authorize, without reservation, any law enforcement agency, company, institution, credit bureau, or references contacted by the City of Germantown or its agent, to furnish the information described above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_